

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Cone* Town *Chaptank* County *Caroline* MARYLAND

Died at *Chaptank*

Date of death *1906* Month *6* Day *3* Age *69* Years Months Days

Sex *Male* Color or Race *W* Birth-place *NY*

Occupation *Lab* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving Information *Walter Gabler* How related to deceased *grandson*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Chronic Nephritis* How long *(120)*

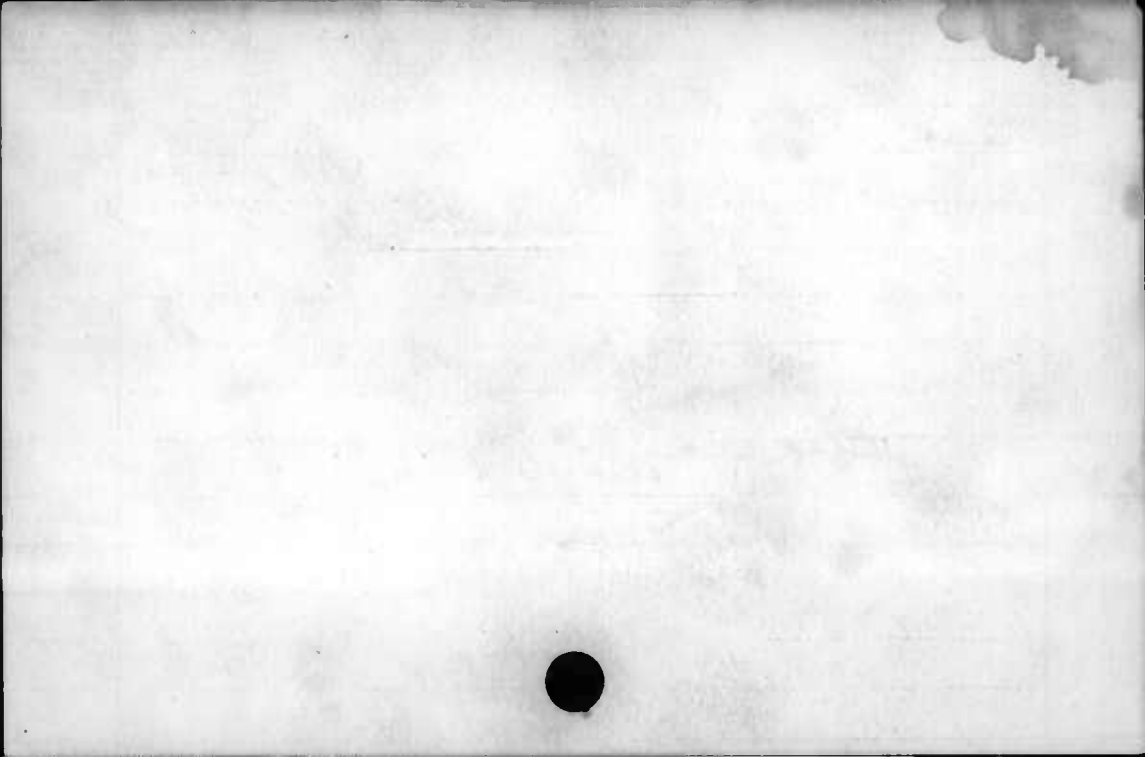
Immediate *Uremic poisoning* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Thos Henry Fisher

CERTIFICATE OF DEATH

MARYLAND

Died at *Ridgely* Town

County

Caroline

Date

of death

190

Month

10

Day

27

Years

62

Age

Months

Days

Sex

*Male*Color or
Race*Negro*Birth-
place*Caroline Co*

Occupation

*Labourer*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Sattie Fisher*Father's
Name*Don't Know*Father's
Birthplace*Don't Know*Mother's
Maiden Name*Harriet Fisher*Mother's
Birthplace*" "*Name of person giving
In formation*Wm Henry Fisher*How related
to deceased*Son*

CAUSES OF DEATH

120

Primary

Kidney Trouble

How long

2 years

Immediate

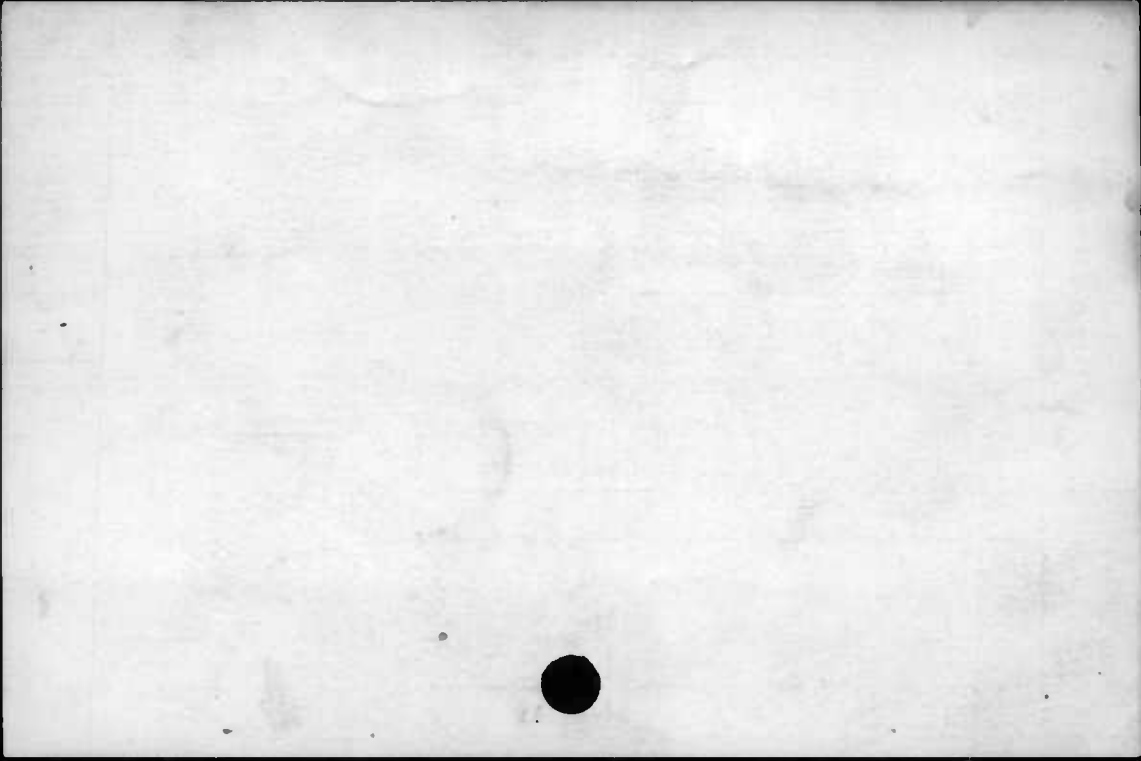
Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*J. Davis Local board
health*~~Accident or Suicide?~~TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Martin Lacy Friend

CERTIFICATE OF DEATH

Died at *Fouling Creek* Town *Caroline* County

MARYLAND

Date of death 1906 *June* Month *14* Day Age *36* Years Months DaysSex *Male* Color or Race *Colored* Birth-place *Md.*Occupation *Blacksmith* Where Residing if not at place of death *Denton Md.*~~Married, Single or Widowed~~ Name of Wife or Husband *Alberta Green*Father's Name *Francis Friend* Father's Birthplace *Md.*Mother's Maiden Name *Ruth Phillips* Mother's Birthplace *Md.*

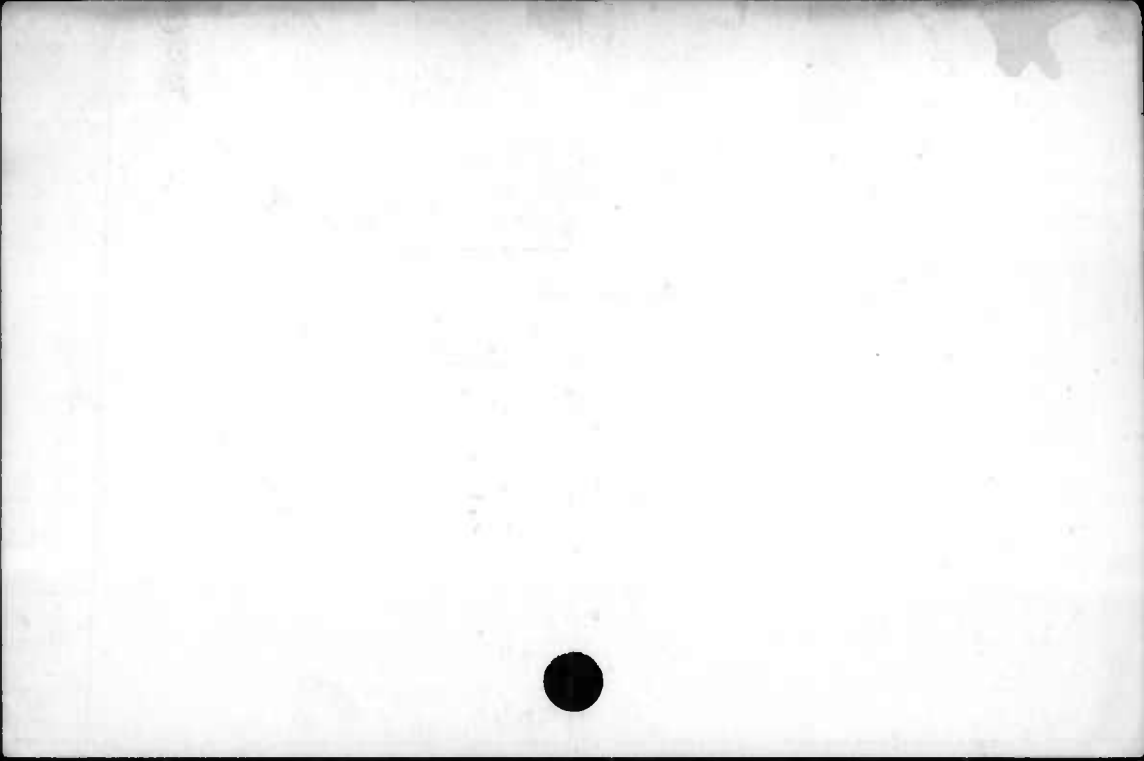
Name of person giving Information How related to deceased

CAUSES OF DEATH

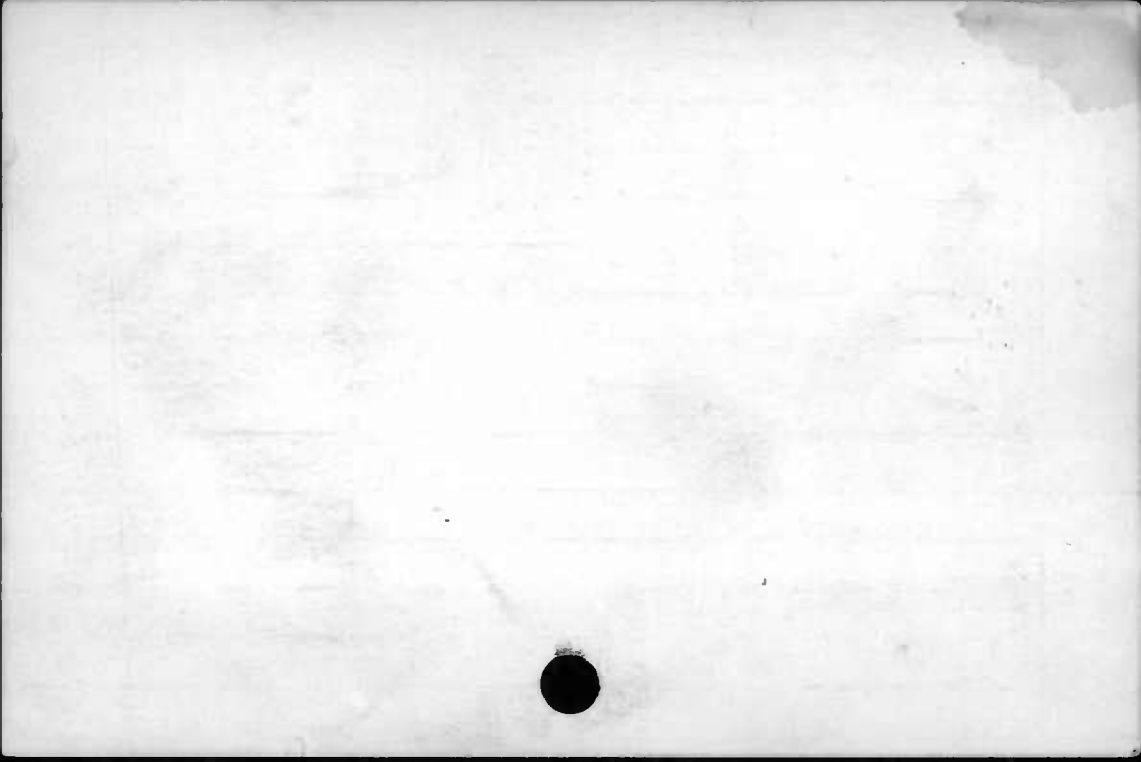
Primary *Consumption of Lungs* How long *5 years*Immediate *Exhaustion* How long *12 hours*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *John Outstady*Address *Fouling Creek*
Caroline County Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Elsie M. Griffith				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Durham</i>		County <i>Caroline</i>		MARYLAND		
	Date of death <i>1906</i>	Month <i>6</i>	Day <i>24</i>	Age <i>58</i>	Months	Days	
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Dela</i>		
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name			Father's Birthplace			
	Mother's Maiden Name			Mother's Birthplace			
Name of person giving information			How related to deceased				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>General debility</i>			How long			
	Immediate <i>Heart Failure</i>			How long			
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <i>J. J. Nichols M.D.</i>			
				Address <i>Durham N.C.</i>			
	Accident or Suicide?						



Name
in
Full

William Joiner

CERTIFICATE OF DEATH

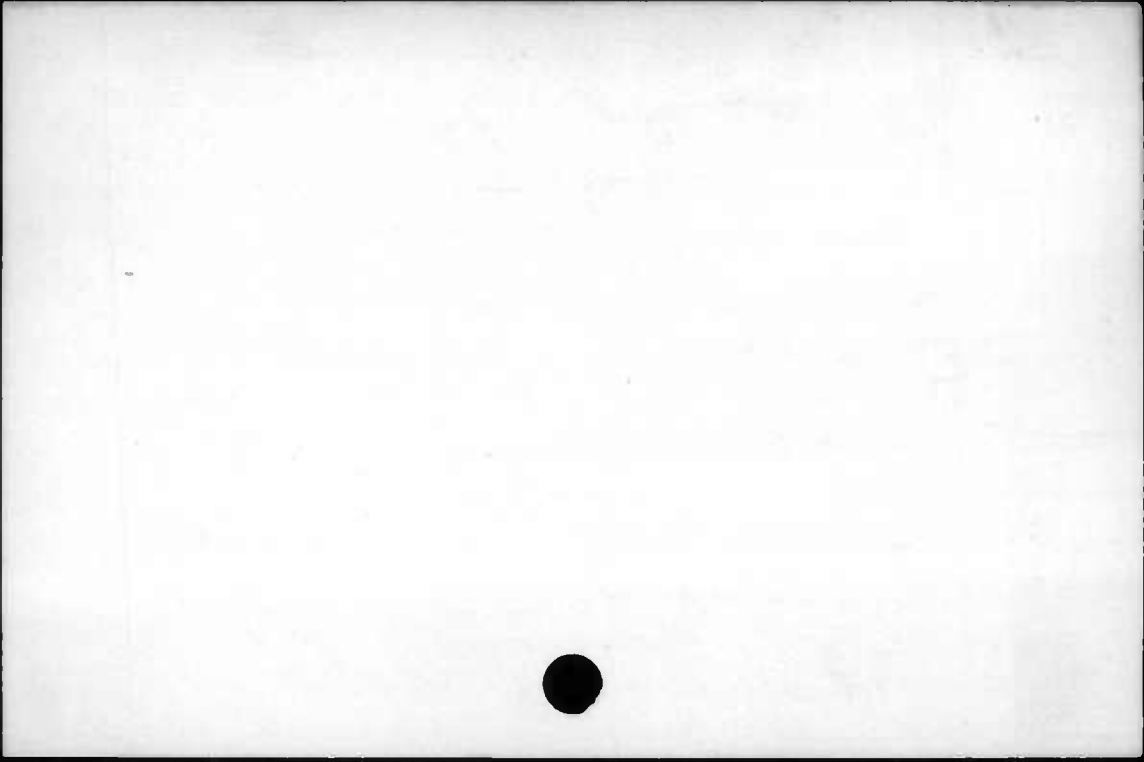
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dublin</i> <small>Town</small>		<i>Caroline</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	Month <i>June</i>	Day <i>1st</i>	Age <i>72</i> <small>Years</small>	Months <i>2</i>	Days <i>23</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Dublin Md</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>Dublin Md</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary Fisher</i>				
Father's Name <i>William Joiner</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Dora Krum</i>			Mother's Birthplace <i>-</i>		
Name of person giving information <i>Fam's Shield</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Consumption</i>	How long <i>3 yrs</i>
Immediate <i>Exhaustion</i>	How long <i>Few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. H. W. Crook</i>
	Address <i>Dublin Caroline County</i>
Accident or Suicide?	<i>Maryland</i>



Mrs. Sarah Newbray.

Died at

Town Feddersburg County Charles Co. MARYLAND

Date

1906 Month 6 Day 23 Y. 50 M. D. Native of E. Howard Occupation Housewife~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband of

Wife

Father's

Name

Mother's
Name

Cause of

Primary

Myocarditis

Death

Immediate

Exhaustion

How long sick

2 weeks

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Name
in
Full

CERTIFICATE OF DEATH

Anna Metilda Augusta Plutshak

Died at *New Preston* ^{Town} *Caroline* ^{County} **MARYLAND**

Date of death 1900 ^{Month} *6* ^{Day} *17* Age ^{Years} *7* ^{Months} *7* ^{Days} *51*

Sex *Female* Color or Race *German* Birth-place *Th.*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name _____ Father's Birthplace _____

Mother's Maiden Name *Augusta Plutshak* Mother's Birthplace *Germany*

Name of person giving Information *Chas. Kruger* How related to deceased *Uncle*

CAUSES OF DEATH

Primary *Pertussis* ^{How long} *2 to 3*

Immediate *Broncho Pneumonia* ^{How long} *2 days*

Are the name, age, sex, color, date and place correctly given above? *ye* Signature of Physician *Raymond Downes*

Address _____

Accident or Suicide? _____

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

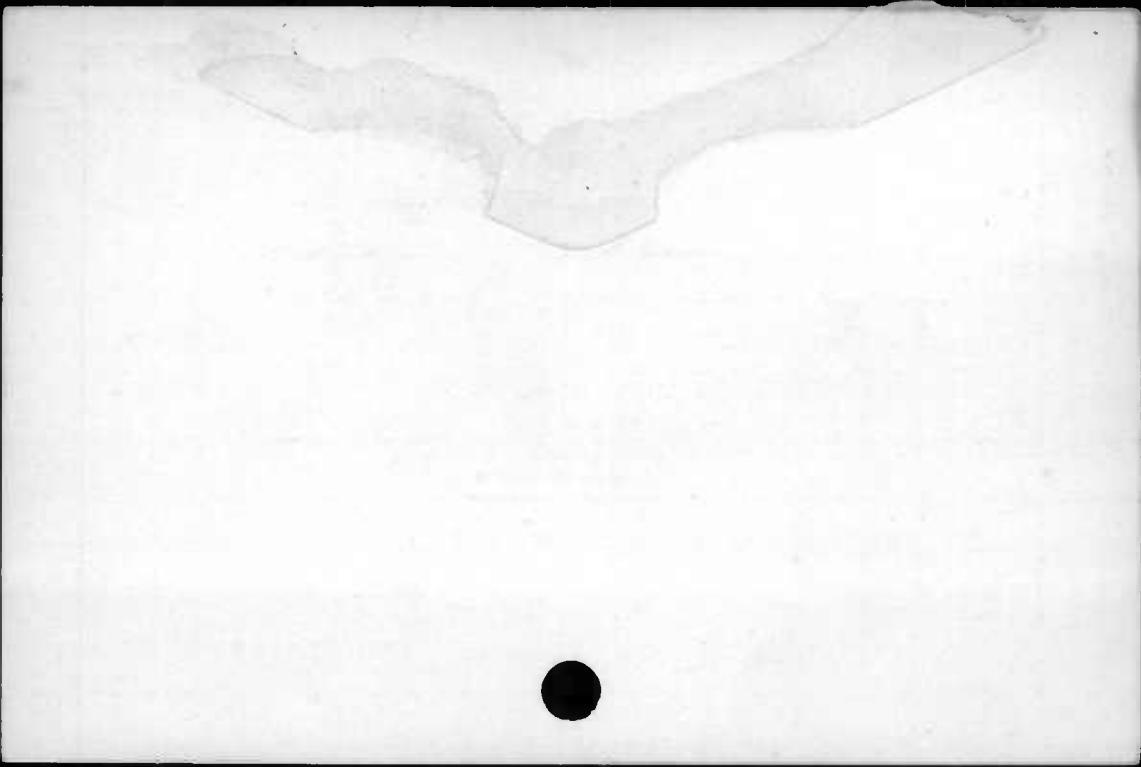
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>at</i> <i>Hillsboro</i> ^{Town}		<i>Thomas</i> ^{County}		MARYLAND	
Date of death	1906	Month	June	Day	6
Age	Years		Months		Days
Sex	<i>Female</i>		Color or Race	<i>Black</i>	
Occupation	<i>Child</i>		Birthplace	<i>Caroline Co.</i>	
Married, Single or Widowed			Where Residing if not at place of death		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Not known</i>	How long	<i>all life</i>
Immediate	<i>Not known</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>H. W. R. Rowe, M.D.</i>
Accident or Suicide?	—	Address	<i>Hillsboro, Md.</i>



Name
in
Full

Robert Inyxon

CERTIFICATE OF DEATH

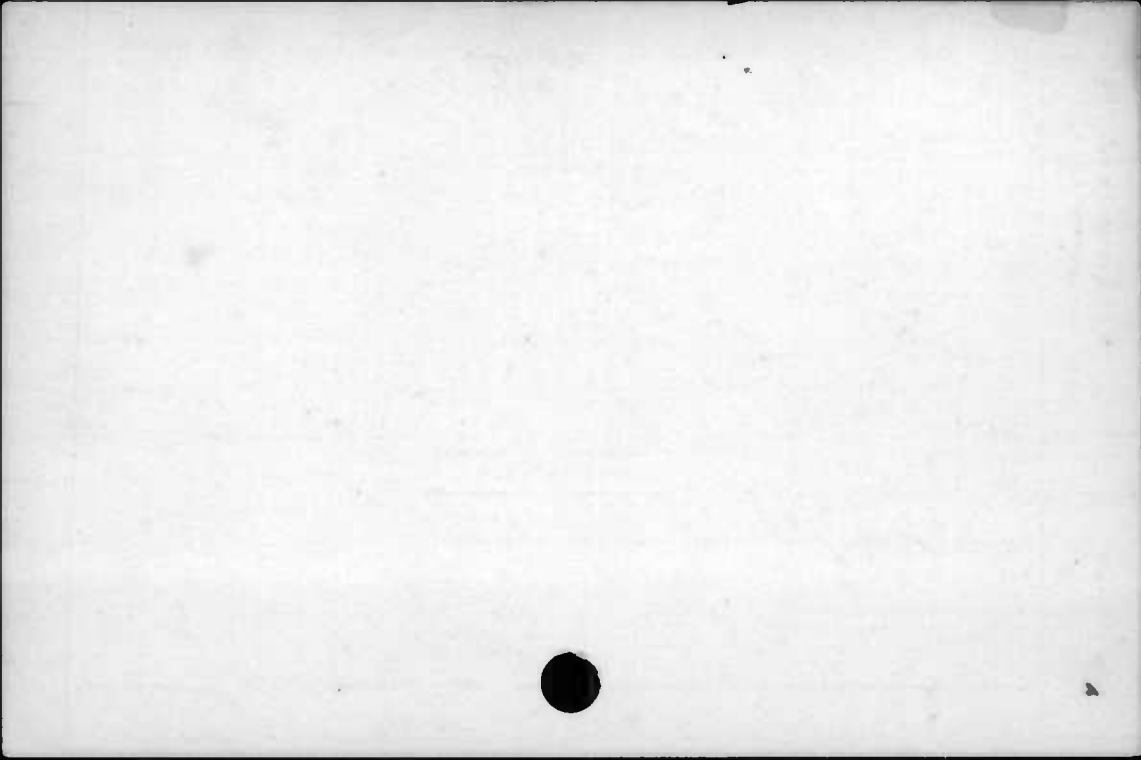
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Denton</u> ^{Town}		<u>Caroline</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	Month <u>June</u>	Day <u>18</u>	Age <u>39</u> ^{Years}	Months	Days
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Denton</u>		
Occupation <u>Solmr.</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Anna Inyxon.</u>				
Father's Name <u>Jas. Inyxon.</u>			Father's Birthplace <u>Ma</u>		
Mother's Maiden Name <u>Luce Inyxon.</u>			Mother's Birthplace <u>"</u>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia.</u>	How long
Immediate <u>Heart Failure.</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>G. N. Melish M.D.</u>
	Address <u>Denton Md</u>
Accident or Suicide?	



Name
in
Full

Annetta C Webb

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *New Preston*

Town

Caroline

County

Date
of death *1906*

Month

June

Day

17

Age

Years

Months

4

Days

Sex

*Female*Color or
Race*Black*Birth-
place*Maryland*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*James L. Webb*Father's
Birthplace*Maryland*Mother's
Maiden Name*Cora E. Hubbard*Mother's
Birthplace*Maryland*Name of person giving
Information*Ransom Webb*How related
to deceased*Grandfather*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Catastroph of Bowels

How long

1 week

Immediate

Cerebrospinal Meningitis

How long

*24 hours*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*J. L. Noble*

Address

*Preston
Md.*

Accident or Suicide?

